



# MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH

## LEAD HAZARD CONTROL \$5000 GRANT APPLICATION (2007 – 2009)

### RENTAL UNITS:

**VACANT UNITS:** APPLICATIONS FOR VACANT UNITS WILL BE GIVEN PRIORITY. IF UNIT IS VACANT, OWNER MUST GIVE PRIORITY TO RENTING TO LOW INCOME TENANTS WITH CHILDREN. COMPLETE ALL SECTIONS RELEVANT TO VACANT UNITS. PROPERTY OWNER MUST SIGN APPLICATION. PROVIDE REQUESTED DOCUMENTATION.

**OCCUPIED RENTAL UNITS:** TENANTS MUST MEET MEDIAN FAMILY INCOME GUIDELINES LISTED ON THE ELIGIBILITY FACT SHEET. OCCUPANCY BY CHILDREN UNDER THE AGE OF 6 YEARS IS NOT REQUIRED HOWEVER APPLICATIONS FOR UNITS HOUSING YOUNG CHILDREN WILL BE GIVEN PRIORITY. UPON UNIT TURN OVER, OWNER MUST GIVE PRIORITY TO RENTING TO LOW INCOME TENANTS WITH CHILDREN. ASSIST TENANT WITH THE COMPLETION OF SECTIONS V & VI OF THIS APPLICATION. PROPERTY OWNER AND TENANT MUST SIGN APPLICATION. TENANT INCOME DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION. PROVIDE REQUESTED DOCUMENTATION.

### OWNER OCCUPIED UNITS:

**OWNER OCCUPIED UNITS:** CHILDREN UNDER THE AGE OF 6 YEARS OF AGE MUST RESIDE AT THE GRANT APPLICANT UNIT OR SPEND A MINIMUM OF 6 HOURS/WEEK AT THIS UNIT. COMPLETE ALL SECTIONS (2 SIDES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION.

- ☐ VACANT UNIT  
☐ OCCUPIED RENTAL UNIT  
☐ OWNER OCCUPIED UNIT

**\*\*COMPLETE 1 APPLICATION PER UNIT\*\***

### Section I - Grant Application Property Address (Specify Unit/Apartment Number):

Property Address: \_\_\_\_\_, Rochester, NY \_\_\_\_\_  
 (Street #, Name, & Apt #) (Zip Code)

Home is a: ☐ One Family ☐ Two Family ☐ Three Family ☐ Other \_\_\_\_\_ Year Home Built: \_\_\_\_\_ (year)

Number of Bedrooms in Specified Unit/Apartment: \_\_\_\_\_ Total # of Rooms in Unit \_\_\_\_\_ Housing Unit Area \_\_\_\_\_ (sqft)

### Section II - Property Owner/Corporation Information:

Property Owner OR Corporation Name: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. (First Name) (Last Name) / Corporation Name Corp. Tax ID # or Social Security #

Property Owner Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street # & Name) (City) (State) (Zip Code)

If Owned By A Corporation, Please Provide Contact Name: \_\_\_\_\_

Contact Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

- ☐ ATTACH COPY OF PROPERTY DEED AS PROOF OF OWNERSHIP  
☐ ATTACH DOCUMENTATION FOR CORPORATIONS INDICATING WHO HAS LEGAL AUTHORITY TO CONDUCT BUSINESS FOR CORPORATION (MINUTES OF MEETING MUST BE ATTACHED).

### Section III – Lead Safe Work Practices Training

Property Owner and Property Manager must show proof of attendance to a HUD approved 6-Hour “Lead Safe Work Practices” Class.

Property Owner Trained in LSWP? ☐ Yes ☐ No Training Date \_\_\_\_\_

Local Property Manager Name: \_\_\_\_\_ Trained in LSWP ? ☐ Yes ☐ No Training Date \_\_\_\_\_

- ☐ ATTACH COPY OF LSWP TRAINING CERTIFICATE FOR BOTH OWNER AND MANAGER.

### Section IV - Property Taxes & Monroe County Payments:

Are ALL City of Rochester Taxes Paid for all properties owned? ☐ Yes ☐ No  
 Are ALL Monroe County Property taxes paid for all properties owned? ☐ Yes ☐ No  
 Is any money owed to Monroe County including the Department of Human Services? ☐ Yes ☐ No

**NOTE: Information will be verified through the Monroe County Department of Finance and City of Rochester Property Tax Department. If money is due contact Monroe County and or the City of Rochester prior to submitting grant application.**

**Section V – Rental Property Tenant & Owner Occupied Household Information:**

Head of the Household: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. (First Name) (Last Name) (Date of Birth)

Total # of People in Household: \_\_\_\_\_ Total # of Children < 6 Years of Age \_\_\_\_\_ # Hrs/Week Children spend in Unit: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

☐ IF CHILDREN DO NOT RESIDE IN UNIT, ATTACH A LETTER STATING THE PRIMARY RESIDENCE OF CHILD, PARENT/GUARDIAN AND CONTACT PHONE NUMBER. LETTER ALSO MUST STATE THE NUMBER OF HOURS PER WEEK CHILD SPENDS AT APPLICANT UNIT. LETTER MUST BE SIGNED AND DATED BY BOTH THE TENANT OF APPLICANT UNIT AND PARENT/GUARDIAN OF CHILDREN.

**List Below all persons Residing in this home (Attach additional pages if necessary):**

First & Last Name	Relationship	Date of Birth	Sex	If less than 6 years of age, is child on Medicaid?	*If less than 6 years of age Date of Most Recent Lead Test.
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Blood Lead Testing will be verified by the Monroe County Department of Public Health. All Children under the age of 6 Years of age must obtain a Blood Lead Test within 6 months of initiation of physical lead hazard control work. Parents should contact their Primary Care Physician to obtain current blood lead tests.

☐ ATTACH COPY OF BIRTH CERTIFICATES FOR ALL CHILDREN UNDER 6 YEARS OF AGE.

**Section VI – Rental Property Tenant & Owner Occupied Household Income Information:**

Indicate the amount of income, by source for all members of the household AGE 18 AND OVER. **Attach Required Income Documentation.** Applications that are not complete or which are submitted without proper documentation will be returned, which will delay approval of application.

\$ \_\_\_\_\_ **WAGES AND SALARIES:** Please submit a copy of your most recent Federal Income Tax Return, 4 current consecutive pay stub(s), wage statement(s) for all wage earners in household.

\$ \_\_\_\_\_ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits.

\$ \_\_\_\_\_ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other incomes may include; Public Assistance (County or Federal Subsidized Section 8), Unemployment, Worker's Compensation, etc.)

\$ \_\_\_\_\_ **TOTAL GROSS INCOME**

I certify that the information provided on this application, to the best of my knowledge is true and correct. The County of Monroe is hereby authorized to verify this information in any appropriate manner.

Signed (Applicant – Property Owner) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Head of Household/Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

**Return Application & Required Documentation to:**

Monroe County Department of Public Health  
 Childhood Lead Poisoning Prevention Program – HUD LHC Grant  
 111 Westfall Road - Room 844, P.O. Box 92832, Rochester, New York 14692  
 (585) 753-5087

**Note: Application Review will take 40-60 days. All signatures must be original.**